



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 26 2018

Ms. Barbara Sepich
President/CEO
WRC Pennsylvania Memorial Home
985 Route 28
Brookville, Pennsylvania 15825

RE: Highland Oaks at Water Run
300 Water Run Road
Clarion, Pennsylvania 16214
Certificate #: 447680

Dear Ms. Sepich:

As a result of the Department of Human Services' annual licensing inspection on November 2, 2017 and November 3, 2017, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: HIGHLAND OAKS AT WATER RUN		License Number: 44768
Address: 300 WATER RUN ROAD, CLARION, PA 16214		County: Chester
Administrator: Faith O'Brien		Region: WEST
Legal Entity Name: WRC PENNSYLVANIA MEMORIAL HOME		RECEIVED
Legal Entity Address: 985 ROUTE 28, BROOKVILLE, PA 15825		
Certificate(s) of Occupancy Other 05/28/2016 Bur. Veritas North America		FEB 12 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 60	Working Staff: 45
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 11/02/2017: Garrigan, Laurie; Cutler, Jan 11/03/2017: Garrigan, Laurie; Cutler, Jan		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 72 Number of Residents Served: 54 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 3		Number of Residents who: Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 64 Have Mental Illness: 0 Have an Intellectual Disability: 2 Have a Mobility Need: 6 Have a Physical Disability: 0

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Page 2 of 9

Violation Report: 44768 - 11/02/2017 - Garrigan, Laurie
PCH Name: HIGHLAND OAKS AT WATER RUN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff person A, hired 7/7/16, did not complete any of the required training under regulation 2600.65a until 10/3/16 to include the following:

- * Evacuation procedures
- * Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location
- * The location and use of fire extinguishers

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See poc # 1 attached.

See Page 2A of 9

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Faith Obrien

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Faith Obrien, Admin

Date 2/9/18

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The above plan of correction is approved as of

2/13/18
(Date)

Plan of correction implementation status as of

2/13/18
(Date)

The above plan of correction was approved by

F
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

February 9, 2018

POC #1

1. To ensure all staff persons receive the required training under Regulation 2600.65(a); the Administrator or designated person will follow the WRC Personal Care Policy: Staffing, Training & Qualifications.
2. On the day of hire the Administrator or designated person will review the following: 1. Evacuation procedures, 2. Staff duties and responsibilities during fire drills, as well as during and emergency evacuation, 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire. 4. Smoke Policy, 5. The location and use of fire extinguishers. 6. Location of smoke detectors and alarms. 7. Telephone use and notification of emergency services.
3. After training is complete the staff person and the trainer will sign the New Staff Training Documentation form.
4. The Trainer will sign the New Hire Training Log.

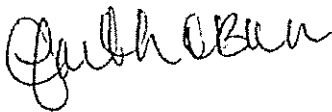
An audit of 100% employee files was completed on 10/13/2016 and it was determined that Staff Person A did not have a completed New Staff Training Documentation form in the Department of Human Services folder of the employee file. At the time of discovery the staff person was trained and the New Staff Training Documentation was signed and dated.

Attachments: A1 New Staff Training Documentation form for Staff Person A
 A2 WRC Personal Care Policy: Staffing, Training, & Qualifications
 A3 New Hire Tracking Log
 A4 New Staff Training Documentation

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Violation Report: 44768 - 11/02/2017 - Garrigan, Laurie
PCH Name: HIGHLAND OAKS AT WATER RUN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Staff person A, hired on 7/7/16, did not complete any of the required training under regulation 2600.65b until 10/3/18 to include the following:

- * Resident rights
- * Emergency medical plan
- * Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act
- * Reporting of reportable incidents and conditions

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See POC # 2 attached

See Page 3A of 9

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Faith O'Brien*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Faith O'Brien, Admin* Date *2/9/18*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 2/13/18
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

Plan of correction implementation status as of 2/13/18
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

February 9, 2018

POC #2

1. To ensure all staff persons receive the required training under Regulation 2600.65(b); the Administrator or designated person will follow the WRC Personal Care Policy: Staffing, Training & Qualifications.
2. Within the first 40 scheduled working hours, the Administrator or designated person will review the following:
 1. Resident rights. 2. Emergency Medical Plan. 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act. 4. Reporting of reportable incidents and conditions.
3. After training is complete the staff person and the trainer will sign the New Staff Training Documentation form.
4. The Trainer will sign the New Hire Training Log.

An audit of 100% employee files was completed on 10/13/2016 and it was determined that Staff Person A did not have a completed New Staff Training Documentation form in the Department of Human Services folder of the employee file. At the time of discovery the staff person was trained and the New Staff Training Documentation was signed and dated.

Attachments: A1 New Staff Training Documentation form for Staff Person A
 A2 WRC Personal Care Policy: Staffing, Training, & Qualifications
 A3 New Hire Tracking Log
 A4 New Staff Training Documentation

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Violation Report: 44788 - 11/02/2017 - Garrigan, Laurie
PCH Name: HIGHLAND OAKS AT WATER RUN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

On 11/2/17, the home served 54 residents requiring a minimum of 162 gallons of drinking water for a 3-day emergency supply. However, there was only a 30.375 gallon supply of emergency drinking water in the home and the contractual agreement, dated 1/8/17, with Turner Dairy Farms, Inc. does not indicate the amount of water to be delivered, a guarantee that the water will be delivered immediately upon request, 24-hours-per-day, or a guarantee that the water will be delivered as a priority even in the event of a regional general emergency.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See POC # 3 attached

See Page 4A of 9

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Faith Obrien*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Faith Obrien, Admin Date 2/9/18

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The above plan of correction is approved as of 2/13/18
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

Plan of correction implementation status as of 2/13/18
(Date)

- Fully Implemented *[Signature]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

February 9, 2018

POC #3

1. The Dining Services Supervisor was notified by the Administrator on 11/2/2017 that the community was not in compliance with Regulation 2600.107(c) – The home shall maintain at least a 3 day supply of nonperishable food and drinking water for residents.
2. The Dining Services Supervisor immediately contacted our food service supply company and placed an order of water to add to our existing water supply to equal 180 gallons of water.
3. The emergency water supply will be stored in the 3rd floor pantry and labeled "EMERGENCY WATER SUPPLY DO NOT USE".
4. The Dining Services Supervisor will monitor the storage and amount of the emergency water supply monthly.
5. An agreement was made with Culligan Water Conditioning of Brookville to provide the emergency water supply.
6. A letter with the amount of water to be delivered, a guarantee that the water will be delivered immediately upon request, 24-hours per day, and a guarantee that the water will be delivered as a priority even in the event of a regional general emergency is on file.
7. This agreement will be reviewed annually by the Administrator or designated person.

Attachment: A5 Letter from Culligan Water Conditioning of Brookville

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Human Services Licensing

Josh Allen

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Violation Report: 44788 - 11/02/2017 - Garrigan, Laurie
PCH Name: HIGHLAND OAKS AT WATER RUN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 66 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

The label on resident #1's bottle of Ibuprofen indicated to discard after 9/19/17. However, on 11/2/17, this medication was still stored in the medication cart.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See POC # 4 attached

See Page 5A of 9

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Faith Hoban*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Faith Hoban Admin* Date *2/9/18*

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The above plan of correction is approved as of 2/13/18
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

Plan of correction implementation status as of 2/13/18
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

February 9, 2018

POC #4

1. On 11/02/17 the Resident Care Coordinator was informed by the Administrator that a bottle of Ibuprofen indicated it was to be discard after 09/19/17 but it was still stored in the medication cart.
2. The Resident Care Coordinator discarded the medication.
3. The Medication Aide is to follow the WRC Personal Care Policy: Medication Administration. It states that "Only current prescription, OTC, sample and CAM medications may be kept in the home."
4. According to the Medication Aide Job Description, responsibilities include: "Ensure all medication documentation is current and correct, including medication administration forms, physician orders, change of dosages, written orders to confirm telephone orders, etc."
5. To ensure compliance with Regulation 2600.183(d), the WRC Personal Care Policy: Medication Administration, and the Medication Aide Job Description; the PM Medication Aide is responsible for a monthly medication cart audit to occur on the 15th of each month.
6. The Medication Aide will submit a Medication Storage Inspection Worksheet to the Resident Care Coordinator upon completion of the audit.
7. All medication that is found to be expired will be discard according to the WRC Personal Care Policy: Medication Administration.
8. This audit will take place in addition to a medication cart review performed by the house pharmacy that occurs every 28 days.

Attachments: A6 WRC Personal Care Policy: Medication Administration
A7 Medication Aide Job Description
A8 Medication Storage Inspection Worksheet

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Human Services Licensing



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Violation Report: 44788 - 11/02/2017 - Garrigan, Laurie
PCH Name: HIGHLAND OAKS AT WATER RUN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 66 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

Resident #4's bottle of Refresh Tears eye drops was not dated when opened. The resident is prescribed 1 drop in each eye two times a day and the prescription was refilled on 5/24/17. Manufacturer's instructions indicate the eye drops are to be discarded 90 days after opening.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See POC # 5 attached

See Page 6 of 9

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Faith Brennan*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Faith Brennan Date 2/9/18

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The above plan of correction is approved as of 2/13/18
(Date)

The above plan of correction was approved by [Signature]
(Initials)

Plan of correction implementation status as of 2/13/18
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

February 9, 2018

POC #5

1. On 11/02/17 the Resident Care Coordinator was informed by the Administrator that a bottle of Refresh Tears eye drops was not dated when opened.
2. The Resident Care Coordinator immediately notified the pharmacy and requested that they deliver the eye drops in a plastic bag with a label for the staff to indicate: 1. The date the bottle was opened. 2. The date to discard the bottle. 3. The Initials of the staff member opening the bottle.
3. It will be the responsibility of the Medication Aide to conduct a monthly cart audit on the 15th of each month to ensure that all eye drops are labeled with the date opened, the date to discard and the initials of the staff member opening the bottle.
4. The Medication Aide will submit the findings on the Medication Storage Inspection Worksheet to the Resident Care Coordinator upon completion of the audit.

Attachments: A8 Medication Storage Inspection Worksheet

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Human Services Licensing

J. Johnson

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Violation Report: 44768 - 11/02/2017 - Garrigan, Laurie
PCH Name: HIGHLAND OAKS AT WATER RUN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

On 6/8/17, resident #2 is prescribed the following sliding scale of Humalog Insulin before meals and at bedtime:

Blood Sugar	Insulin
Under 65	0 units
65 - 130	0 units
131 - 180	2 units
181 - 240	4 units
241 - 300	6 units
301 - 350	8 units
351 - 400	10 units
400 +	12 units, call physician

However, the pharmacy label on resident #2's bottle of Humalog Insulin includes the following sliding scale:

Blood Sugar	Insulin
141-180	2 units
181-220	4 units
221-260	8 units
261-300	10 units
301-340	12 units
340 +	14 units

Resident #3's Humalog Insulin kwikpen was not labeled with the resident's name.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See POC # 6 attached

See Page 7A of 9

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Faith O'Brien*

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) Faith O'Brien 2/9/18

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>2/13/18</u> (Date)	Plan of correction implementation status as of <u>2/13/18</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

February 9, 2018

POC# 6

Part 1

1. On 11/02/17 the Resident Care Coordinator was informed by the Administrator that the sliding scale of Humalog insulin for a resident did not match the prescriber's instructions.
2. The Resident Care Coordinator immediately notified the pharmacy about the discrepancy and a new label was delivered the same day.
3. According to the Medication Aide Job Description, responsibilities include: "Ensure all medication documentation is current and correct, including medication administration forms, physician orders, change of dosages, written orders to confirm telephone orders, etc."
4. To ensure that the Medication Aide is compliant with Regulation 2600.184(a);
 - a. The Medication Aide is required to verify the current MAR for each labeled medication container that matches the pharmacy label.
5. In addition to verifying the label at the time of administration; it will be the responsibility of the Medication Aide to conduct a monthly cart audit on the 15th of each month to ensure that all prescription medications match the orders written from the physician.
6. The Medication Aide will submit a Medication Storage Inspection Worksheet to the Resident Care Coordinator upon completion of the audit.
7. This audit will take place in addition to a medication cart review performed by the house pharmacy that occurs every 28 days.

Part 2

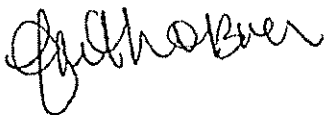
1. On 11/02/17 the Resident Care Coordinator was notified that a Humalog insulin kwikpen was not labeled with the resident's name.
2. The Resident Care Coordinator immediately notified the pharmacy and requested that the kwikpen be delivered in a plastic bag with a label that indicates: 1. The resident's name 2. The name of the medication. 3. The date the prescription was issued. 4. The prescribed dosage and instructions for administration. 5. The name and title of the prescriber.
3. The pharmacy delivered the plastic bag with label the same day as requested.
4. To ensure compliance with Regulation 2600.184(a); the Medication Aide will conduct a monthly cart audit on the 15th of each month to ensure that all prescription medications are properly labeled.
5. The Medication Aide will submit a Medication Storage Inspection Worksheet to the Resident Care Coordinator upon completion of the audit.
6. This audit will take place in addition to a medication cart review performed by the house pharmacy that occurs every 28 days.

Attachment: A8 Medication Storage Inspection Worksheet

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Human Services Licensing



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Page 8 of 9

Violation Report: 44768 - 11/02/2017 - Garrigan, Laurie
PCH Name: HIGHLAND OAKS AT WATER RUN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2800.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Ondansetron 4 mg - take one tablet every 6 hours as needed. However, on 11/2/17, this medication was not available in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See POC #7 attached

See page 8 of 9

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Faith Brennan

Date 2/9/18

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

2/13/18
(Date)

Plan of correction implementation status as of

2/13/18
(Date)

The above plan of correction was approved by

[Handwritten Initials]
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Handwritten Mark]*
- Partially Implemented - Inadequate Progress
- Not Implemented

February 9, 2018

POC #7

1. On 11/02/17 the Resident Care Coordinator was informed by the Administrator that a prescribed Ondansetron 4 mg – take one tablet every 6 hours has needed was not available in the home.
2. The Resident Care Coordinator immediately notified to discontinue the this medication per physician order and resident request.
3. According to the Medication Aide Job Description, responsibilities include: "Ensure all medication documentation is current and correct, including medication administration forms, physician orders, change of dosages, written orders to confirm telephone orders, etc."
4. To ensure compliance with Regulation 2600.183(d), the WRC Personal Care Policy: Medication Administration, and the Medication Aide Job Description; the PM Medication Aide is responsible for a monthly medication cart audit to occur on the 15th of each month.
5. The Medication Aide will submit a Medication Storage Inspection Worksheet to the Resident Care Coordinator upon completion of the audit.
6. This audit will take place in addition to a medication cart review performed by the house pharmacy that occurs every 28 days.

Attachments: A7 Medication Aide Job Description
A8 Medication Storage Inspection Worksheet

Immediately: A designated staff person shall review all medication storage areas to ensure all medications issued by the prescriber are present in the home for administration. 2/13/18

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Human Services Licensing

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Violation Report: 44768 - 11/02/2017 - Garrigan, Laurie
PCH Name: HIGHLAND OAKS AT WATER RUN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2000
2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION
Resident #1 started receiving hospice services on 1/12/17; however, the resident's support plan, dated 1/19/17, does not include the services provided by hospice or the frequency of the services.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See POC # 8 attached

See Page 9A of 9

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) Faith O'Brien 2/9/18

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2/13/18
(Date)

The above plan of correction was approved by [Signature]
(Initials)

Plan of correction implementation status as of 2/13/18
(Date)
 Fully Implemented
 Partially Implemented - Adequate Progress *[Signature]*
 Partially Implemented - Inadequate Progress
 Not Implemented

February 9, 2018

POC #8

1. On 11/02/2017 the Resident Care Coordinator was notified that a support plan for a resident receiving hospice did not include the services provided by the hospice agency or the frequency of the services.
2. Upon notice, the Resident Care Coordinator immediately updated the support plan to include the services provided by the hospice agency and the frequency of the services.
3. In collaboration with the hospice provider, the Resident Care Coordinator or designated person will add the hospice services provided and the frequency of care to the support plan at the time of admission to hospice services and update weekly after the care plan conference with the hospice provider.
4. To ensure compliance with Regulation 2600.227(d) the Resident Care Coordinator or designated person will audit all the hospice residents support plans weekly. The audit will verify that the resident support plan and the care plan from the hospice agency are consistent and up to date.

Immediately: A designated staff person shall develop and implement a system to ensure resident support plans are immediately updated as resident care needs change.

f
2/13/18

[Handwritten signature]

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Human Services Licensing